



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY CLERK
GLOUCESTER, MA

15 OCT 26 PM 12:45

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning January 1, 2015 Ending October 16, 2015

Type of report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Joseph J Giacalone
Full Name of Candidate (if applicable)
Councilor-at-Large Gloucester
Office Sought and District
16 Gould Court Gloucester, MA 01930
Residential Address
978-491-8160
Tel. No. (optional)

Giacalone For Councilor-At-Large
Committee Name
Grace Ann Giacalone
Name of Committee Treasurer
16 Gould Court Gloucester, MA 01930
Committee Mailing Address
978-491-8160
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 3685.29
Line 3: Subtotal (line 1 plus line 2) \$ 3685.29
Line 4: Total expenditures this period (page 3, line 14) \$ 2113.21
Line 5: Ending balance (line 3 minus line 4) \$ 1572.08
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used Bank Gloucester

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Grace A. Giacalone
Treasurer's signature (in ink)

10-26-2015
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]
Candidate signature (in ink)

10/26/15
Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/22/15	Frederick Douette 1 Sargeant St #3 Gloucester, MA 01930	100 00	
4/22/15	Ann Margaret Ferrante 1112 Proctor Street Gloucester, MA 01930	30 00	
9/14/15	Ann Margaret Ferrante 1112 Proctor St Gloucester, MA 01930	100 00	
9/14/15	Fruces Ferrante 1112 Proctor St Gloucester, MA 01930	100 00	
9/9/15	Meredith Fine 20 Eastern Ave Gloucester, MA 01930	100 00	
9/18/15	Daniel Gutierrez 30 Mystic Ave Winchester, MA 01890	500 00	Real Estate Self-Employed
6/17/15	Grace Ann Giacalone 16 Gould Ct Gloucester, MA 01930	300 00	Retired
9/4/15	Grace Ann Giacalone 16 Gould Ct Gloucester, MA 01930	400 00	Retired
9/4/15	Grace Ann Giacalone 16 Gould Ct Gloucester, MA 01930	50 00	Retired
5/22/15	Joseph J. Giacalone 16 Gould Ct Gloucester, MA 01930	250 00	Green Receiver Shun's Supermarkets
5/22/15	Sophia Giacalone 16 Gould Ct Gloucester, MA 01930	250 00	social worker Greater Lynn Senior Services
9/14/15	Kathleen Giacalone 13 Proctor St Gloucester, MA 01930	100 00	
5/13/15	Mr. & Mrs. Alfredo Read 4601 Walnut Dr Plano, TX 75024	150 00	
7/9/15	Beatrice Read 2030 Tunlaw NW Washington, DC 2007	100 00	
9/22/15	Mr. & Mrs. David Rose 19 Green St Gloucester, MA 01930	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		2905 00	
Line 10: Total receipts \$50 and under* (not listed above)		780 29	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3685 29	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/23/15	Costco	11 Newbury St Danvers, MA 01923	Supplies / Food for kick off event	115	92
6/22/15	Gloucester Graphics	19 Pond Road Gloucester, MA 01930	Campaign stickers	516	97
9/11/15	Gloucester Graphics	19 Pond Road Gloucester, MA 01930	lawn signs	943	50
9/3/15	Gloucester Rotary Club	27 Old Salem Road Gloucester, MA 01930	table at Comedy Night benefit for Campaign Support	250	00
Line 12: Expenditures over \$50				1826	39
Line 13: Expenditures \$50 and under*				286	82
Line 14: TOTAL EXPENDITURES				2113	21

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	0
			Line 16: In-kind \$50 and under	0
			Line 17: Total In-kind	0

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: 7/1/15
Name of Individual Being Reimbursed:	Joseph S. Giacalone
Committee Name:	Giacalone For Councillor-At-Large
CPF ID Number (if applicable):	47-3790202
Telephone Number (optional):	978-491-8100

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
7/1/15	Fuzzle	1185 Campbell Ave San Jose, CA 95126	Campaign T-Shirts	63.89

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	63.89
	Line 2: Expenditures \$50 or under (not itemized):	0
	Line 3: TOTAL AMOUNT REIMBURSED:	63.89

<p>Signed under the penalties of perjury:</p> <div style="text-align: center; margin-top: 20px;"> Signature of Candidate / Treasurer </div>	<p>Date: 10-26-2016</p>
--	---

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 7/2/15

Name of Individual Being Reimbursed: Joseph J. Giacalone

Committee Name: Giacalone For Councilor - At-Large

CPF ID Number (if applicable): 47-3790262 Telephone Number (optional): 978-991-8160

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
7/2/15	Walgreen's	201 Main Street Gloucester, MA 01930	ink and paper to print brochures	70.62

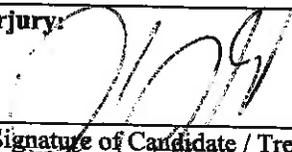
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 70.62

Line 2: Expenditures \$50 or under (not itemized): 0

Line 3: TOTAL AMOUNT REIMBURSED: 70.62

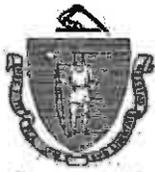
Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Joseph J. Giacalone

Date: 10-26-2015

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 7/1/15

Name of Individual Being Reimbursed: Joseph J. Giacalone

Committee Name: Giacalone For Comm. Member-At-Large

CPF ID Number (if applicable): 47-3790202 Telephone Number (optional): 978-491-8100

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

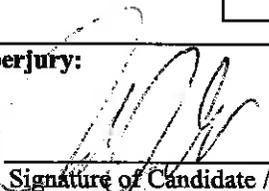
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 0

Line 2: Expenditures \$50 or under (not itemized): 10.79

Line 3: **TOTAL AMOUNT REIMBURSED:** 10.79

Signed under the penalties of perjury:


 Signature of Candidate / Treasurer Joseph J. Giacalone

Date: 10-26-2015

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 9/17/15

Name of Individual Being Reimbursed: Sophia Giacalone

Committee Name: Giacalone For Councillor-At-Large

CPF ID Number (if applicable): 47-3790262 Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 0

Line 2: Expenditures \$50 or under (not itemized): 34.91

Line 3: **TOTAL AMOUNT REIMBURSED:** 34.91

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10-26-2015

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 9/17/15

Name of Individual Being Reimbursed: Sophie Giacalone

Committee Name: Giacalone For Comm. Rep. At-Large

CPF ID Number (if applicable): 47-3790262 Telephone Number (optional): 978-491-8160

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 0

Line 2: Expenditures \$50 or under (not itemized): 25.50

Line 3: TOTAL AMOUNT REIMBURSED: 25.50

Signed under the penalties of perjury:

Sophie Giacalone
Signature of Candidate / Treasurer

Date: 10-26-2015

Please prepare a separate report for each reimbursement check issued by the committee.